Medicine and the Quality of Life

QUALITY OF LIFE increasingly is being identified as a goal of medicine and health care. In the July issue, the editors began a forum for discussing the actual and ideal relationships between medicine and the quality of life by printing seven articles expressing differing views. The following comments were generated by those articles and ones in succeeding issues.

Readers are invited to take part in a continuation of this forum by submitting their comments, written as succinctly as possible. As many of these as space permits will be published in future issues. At an appropriate time all the material will be collated and, if possible, the distillate will be prepared as a statement to summarize the dialogue that has taken place.

The Potential of Family Medicine

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THE POTENTIAL of family medicine for enhancing the quality of life is almost unlimited. What is needed are many more health professionals applying the principles of this academic discipline to the care of people. Whereas they by no means hold exclusive rights to it, family physicians are being educated specifically to do so.

Three questions likely to be asked should be answered: What is family medicine? What is meant by quality of life? How can the one improve the other?

The emerging discipline of family medicine is concerned with the relationship of life in small groups to health and illness. In this context, family has been defined to include not only the nuclear family of father, mother and children, but any group of intimates with a history and a future. In its broadest sense, it even includes people who live alone in which case their families are relatives, neighbors, friends, co-workers and so forth.

The focus of family medicine is on the ecology of relations among individual persons both intrafamily (for example, between husband and wife, between parent and child, and among those related by marriage) and between families and their environment. Education and research in family medicine is concerned with improving *all* types of interpersonal communication. This enhances understanding between people, having the general effect of reducing emotional stress. Family medicine includes education and research to increase the distinct, unique areas of expertise that are essential to the provision of continuing comprehensive health care: prevention of illness, caring for the psychosocial aspects of illness, education and behavior modification of people to improve their health for now and in the future, and improving the health care delivery system.

Several writers in this forum have attempted to define quality of life, but I believe no one has done so to the satisfaction of everyone. I think Dr. Dubos in using the word "happiness" came the closest. Certainly one's emotional status is a vital component. Emotions range from serious depression ending in suicide at the lower end of the scale to joyous ecstasy at the upper end. Quality of life could be rated subjectively on the same scale.

Of all the concerns of family medicine, probably none has more potential for improving the quality of life than the parent-child relationship. Children learn what they live and if a child lives with approval, he learns to like himself. Can anyone think of anything more conducive to future happiness than the development of self-esteem? Only with proper parenting can this be brought about.

Unfortunately, parenting, one of the most important jobs in the world has had the least amount of research and training devoted to it. With few exceptions, unsatisfactory parent-child relationships have been the rule: either excessive affection and supervision or the other extreme of lovelessness and neglect. This type of faulty parenting results in children and then adults with a lack of emotional maturity. Later, as immature parents they say: "no so-and-so psychologist is going to tell me how to raise my kids!" Thereby a vicious cycle is established with immaturity begetting immaturity. Little wonder we find so much unhappiness in this world. This in turn leads to illness, both physical and mental, and antisocial behavior patterns. As a consequence, the quality of life for most people is not very high on the rating scale.

If enough family physicians applying the principles of family medicine could be educated so that every family could have one readily available to provide continuing comprehensive care, we could reverse this vicious cycle. Under this type of care, even immature people develop confidence in and respect for their family physician. They tend to listen to him and follow his advice. Under his guidance parents and future parents still in school could learn the cardinal principles of effective parenting. Dr. Rudolph Dreikurs in his book *The Challenge of Parenthood* presented three such principles: (1) teaching respect for order and acceptance of social rules, (2) avoidance of warfare and conflict, and (3) constant encouragement. Proper parent-child relationships could become the rule rather than the exception. How all of this could lead to increased emotional maturity and happiness and therefore improvement in the quality of life should be self-evident.

Similar reasoning is found in Dr. Lewis's statement, "Human Nature and the Quality of Life," in the August issue of this forum. Several words and sentences are selected: " . . . a 'place' or sense of belonging, confidence and self-love." "Physicians need to be educated in human nature and about how human beings work." And "Those physicians and teachers handling young children might do well to participate with parents in the way that young children are managed according to the principles of human nature derived from history and described by social and biologic psychologists."

Family medicine *may* have had its beginnings in the United States and Canada but one finds it now being promoted and taught in many other countries. As an academic discipline it lends itself to being made international. Its concerns are not limited to the parent-child and physician-nuclear family relationships, but as stated before, they include *all* interpersonal relationships, even between people of different countries. In this context, the family of family medicine becomes the family of

man. Just as a cardinal principle for improving the parent-child relationship, as previously stated, is to avoid warfare and conflict, this would naturally become a dictum for improving communication, understanding and relationships between people throughout the world. An idealist's dream? Perhaps. Impossible? Not if we can develop widespread teaching and application of the principles of family medicine.

A number of organizations as groups, and individual members within them, are devoting much time, thought and effort toward promoting family medicine: The Society of Teachers of Family Medicine (international); The American Academy of Family Physicians; the American Board of Family Practice; the Residency Review Committee for Family Practice; the American Medical Association's Council on Medical Education; the Family Health Foundation of America; the Department of Health, Education, and Welfare; departments of family medicine in medical schools; family practice residency programs in academic health centers, community hospitals and military hospitals, and others. Much is being done, but much more needs to be done before family medicine will reach its full potential for improving the quality of life.

Refer to: Blanchard LB: The potential of family medicine, *In* Medicine and the quality of life—A forum. West J Med 125:326-327, Oct 1976

A Regeneration of Hippocratic Responsibility

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IN THE quality of life forum in the August issue Dr. Peter Lewis points to a sense of history about human nature as an integrating focus for medicine and the quality of life. Apropos of this is the growing interest in ancient, "nonorthodox" modes of healing, particularly psychic healing. With the ground swell of interest in religious, spiritual and psychic activities is a growing number of physicians who have explored psychic phenomena, for their patients and for themselves. The adventure encompasses a range of emotions and reactions, not the least of which are hope, fear, belief, skepticism and wonderment. From reports, personal and anecdotal, a recurring theme is that of a transformation in quality of life.

The staff of Aesculapius, official symbol of the American Medical Association, reminds us of the historical tradition of medicine and refers to the mystical basis of healing. In medical school I safely ignored this knowledge. Now I and many other physicians surreptitiously, and in apprehension of abandonment if not censure by our "straight" colleagues, are exploring what the AMA symbolically declared itself to stand for. Hippocrates was an Aesculapian priest who introduced Greek rationalism to an art heretofore intuitive, and thus only indirectly represented in symbols. As physicians are we not now involved in a renaissance of intuitive clinical skill in a matrix of almost overpowering rationalism?

The staff of Aesculapius and its ancestor, the caduceus, or wand of Hermes, are ancient symbols of psychic, metaphysical power. In mystical tradition, the serpent is the symbol of Logos, a holy word, reason, thought—the controlling principle of the universe as manifested by speech. The staff is symbolic of the *vital life force* (Hipprocrates), the transphysical force essential to life. The seven crossings of the staff by the serpent are symbolic of the seven major psychic energy centers (Hindu: chakras) associated in function with the sympathetic nervous system. Well-being is the balanced flow of energy through these centers in the integration of Logos and the vital life force with the parallel manifestation of peace and harmony in the physical universe. As physicians we are all healers, operating on physical, mental and psychic levels to restore holistic harmony.

An aversion to our mystical heritage surfaces in the apprehension of magic and superstition, which rationalism in medicine was to have corrected. Medicine like politics and religion, is a fertile field for the temptation to use a "higher power" to force an effect. Rationalism seems no less a psychic "power" subject to egoistic abuse and with results no less dreary than superstition. Many of us have found ourselves sequestered in a biophysical scientism, suffering the rates of malpractice, alcoholism, drug abuse and suicide—severed not only from the roots of our tradition but also from the roots of our consciousness.

The integral of medicine and quality of life is an advanced responsibility of a society and of a profession which is *now* manifesting many thousands of years of accumulative experience. Physicians have chosen a role that inherently straddles the rational and the intuitive, the profane and the sacred. In a regeneration of Hippocratic responsibility each physician is creating individually a role in a "new" age which can only come from his level of personal responsibility and which we must share collectively. It is exciting and gratifying that THE WESTERN JOURNAL OF MEDICINE in establishing this forum has provided a means to share.

Refer to: Rawson RA: A regeneration of Hippocratic responsibility, *In* Medicine and the quality of life—A forum. West J Med 125:327, Oct 1976